

# North Carolina COVID-19 Vaccine Management System

## CVMS Provider Portal Recipient Point of Care User Guide

Version 3

January 15, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the  
CVMS Help Desk Portal\* at  
[https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

\* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code

NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)

For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021

3. You will receive an e-mail with your username and temporary password to log into the portal

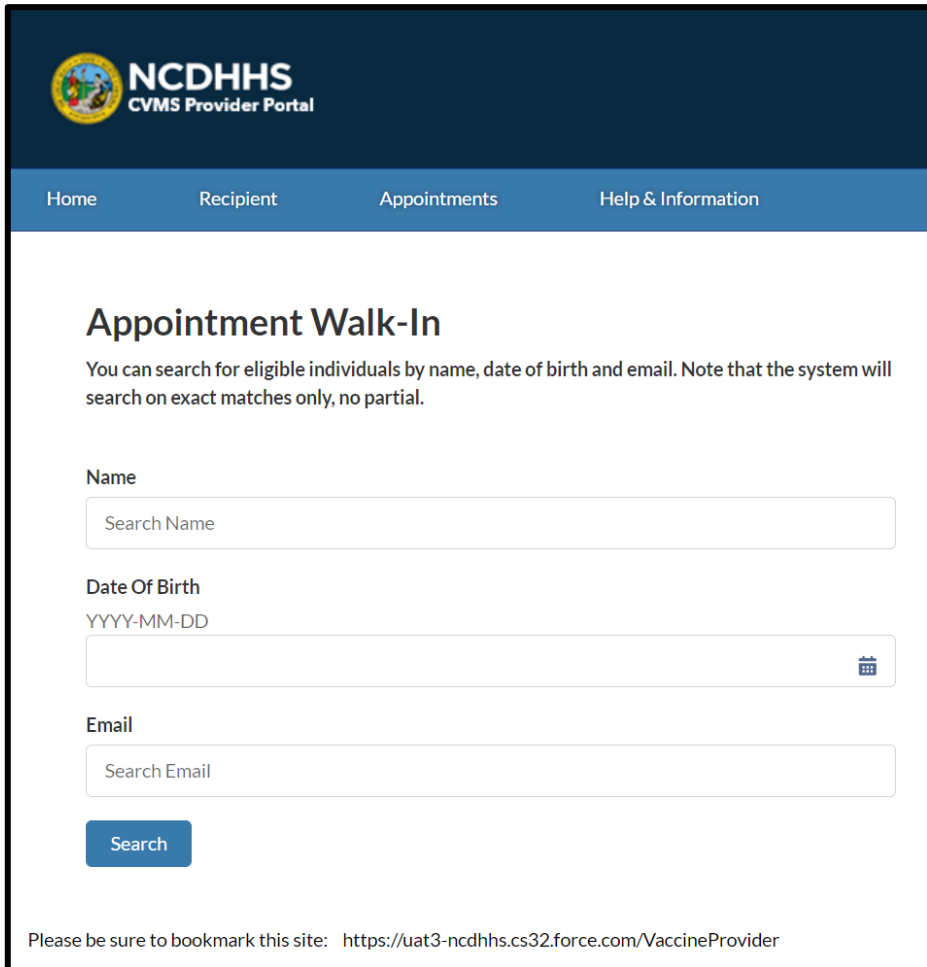
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# Recipient Point of Care Overview & Process

# Overview



The screenshot shows the 'Appointment Walk-In' page of the NCDHHS CVMS Provider Portal. The page has a dark blue header with the NCDHHS logo and 'CVMS Provider Portal' text. Below the header is a navigation bar with links: Home, Recipient, Appointments, and Help & Information. The main content area is white and features the title 'Appointment Walk-In' in bold. Below the title is a paragraph: 'You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.' There are three input fields: 'Name' with a placeholder 'Search Name', 'Date Of Birth' with a placeholder 'YYYY-MM-DD' and a calendar icon, and 'Email' with a placeholder 'Search Email'. A blue 'Search' button is located below the email field. At the bottom of the page, there is a footer note: 'Please be sure to bookmark this site: <https://uat3-ncdhhs.cs32.force.com/VaccineProvider>'.

The Recipient Point of Care process typically involves:

1. Verifying the Recipient's identity
2. Verifying Recipient's Eligibility to receive the COVID-19 vaccine
3. Creating an Appointment Booking for the Recipient via the Appointment Walk-In Tool
4. Creating a Recipient Record on behalf of a Recipient
5. Completing a COVID-19 Vaccination (Health) Questionnaire on behalf of a Recipient

It is important to note that to document a Recipient Vaccine Administration in CVMS, the recipient **MUST BE** registered in CVMS. Registered in CVMS means the Recipient Record is found in CVMS, and the **COVID-19 Vaccination (Health) Questionnaire** is completed.

This set of activities can be performed by a user with a **HEALTHCARE LOCATION MANAGER** profile or a **HEALTHCARE PROVIDER** profile.

*You will also need to:*

- Use the latest version of Chrome, Firefox, Safari, or Edge Chromium browsers
- Log into the CVMS Provider portal at <https://covid-vaccine-provider-portal.ncdhhs.gov> using your NCID username and password.

**Now, let's get started!**

# Key Terms

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Priority Tier



Eligibility

Since there is initially a very limited supply of COVID-19 vaccines, **North Carolina has implemented a risk-based prioritization approach** based on guidance from the National Academy of Medicine, the CDC's Advisory Committee Immunization Practice, and the NC Institute of Medicine.

The **NC population is divided into multiple Priority Tiers based on an individual's occupation, medical history, and age.**

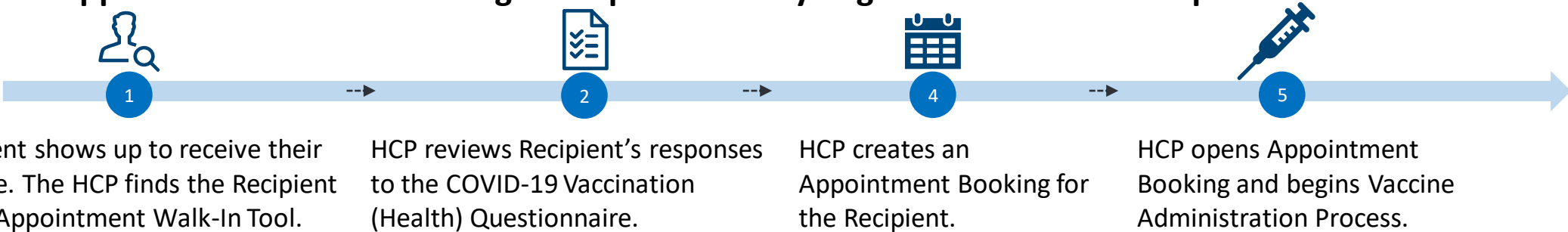
Note: Eligibility requirements may be adjusted in the future by the NC Immunization Branch.

A Recipient's **Eligibility status is determined by the Priority Tier they fall under** as determined by the NC Immunization Branch. Eligibility requirements may be adjusted in the future by the NC Immunization Branch.

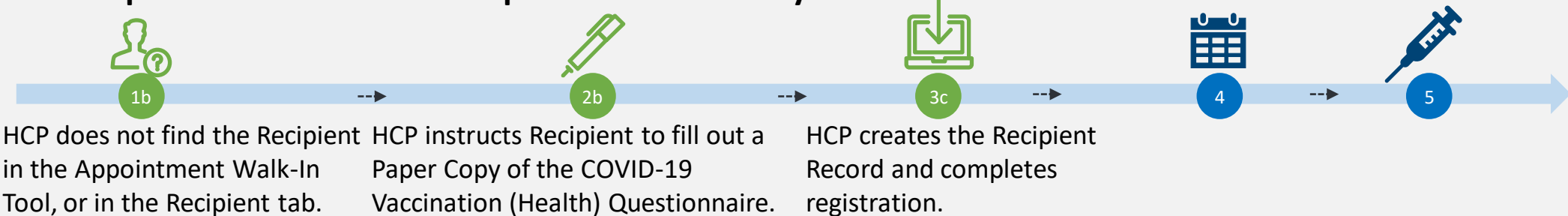
Visit <https://covid19.ncdhhs.gov/findyourspot> for the latest information on Priority Tiers and Eligibility.

# Appointment Walk-In Booking Process

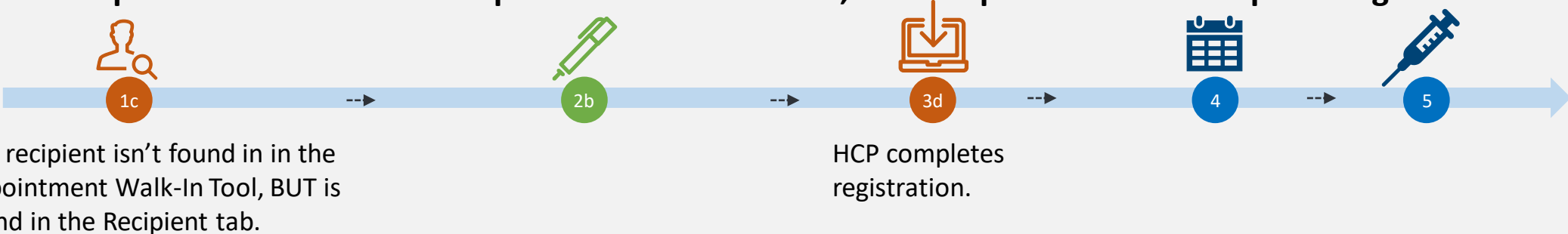
## Standard Appointment Walk-in Booking – Recipient Already Registered on CVMS Recipient Portal



## Exception 1 – What if the Recipient Record is not yet Created?



## Exception 2 – What if the Recipient Record is Created, but Recipient did not Complete Registration?




# **Standard Appointment Walk-In Booking Recipient Already Registered on CVMS Recipient Portal**



# Step 1 of 6: Navigate to the CVMS Provider Portal Home Page

From the **HOME PAGE**, you will complete a simple **SEARCH** using the **APPOINTMENT WALK-IN TOOL** on your home page before the Recipient receives the COVID-19 vaccine.



Home

Recipient

Appointments

Help & Information

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD

Email

Search

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1


## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

You will **NOT** be able to schedule COVID-19 vaccine appointments in advance for Recipients in the CVMS Provider Portal.



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## Step 2 of 6: Search for the Recipient

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Walkin Example

Date Of Birth

YYYY-MM-DD

Email

Search Email

Search

To get started, you will search for the **RECIPIENT** to help you **IDENTIFY** and **REVIEW ELIGIBILITY STATUS** before creating their appointment.

1. Enter the Recipient's **NAME, DATE OF BIRTH** and / or **EMAIL ADDRESS** in the Appointment Walk-in Tool located on the Home Page
2. Only one field is required to search
3. Click **SEARCH**

### Audience

Healthcare  
Provider

Healthcare  
Location Manager

### Tips

To narrow your Recipient search results, you can enter all search fields to help you find the Recipient faster.

*Note: to document a Recipient Vaccine Administration in CVMS, the recipient **MUST BE** registered in CVMS. Registered in CVMS means the Recipient Record is created, and the COVID-19 Vaccination (Health) Questionnaire is completed.*

*Although the Recipient's Eligibility status is determined by their responses to specific questions and other factors, **the HCP can use its discretion** to administer a COVID-19 vaccine to a Recipient with an Eligibility status of not eligible if the HCP determines that the Recipient falls under a currently eligible Priority Tier group (in accordance with the CDC and NC DHHS prioritization of COVID-19 vaccine recipients).*

# Step 3 of 6: Review Recipient's Information

After clicking search, you will see your **RECIPIENT SEARCH RESULTS** populate underneath the Appointment Walk-In Tool. You will be able to view the Recipient's **NAME, DATE OF BIRTH (DOB), EMAIL, PRIORITY TIER, ELIGIBILITY STATUS** and **VACCINE DOSE STATUS**.

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Walkin Example

Date Of Birth

YYYY-MM-DD

Email

Search Email

Search

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1

Search Results

Select a location

Clinic ABC Loc 1

Appointment Booking

Name	DOB	Email	Priority	Eligibility	Vaccine Dose Status
<input type="radio"/> Walkin Example	1955-12-12	walkinexample@mailinator.c...	Phase 1a	Approved	Registered
<input type="radio"/> Walkin Example	1975-08-07	jon.w.example@mailinator.co...	Phase 1a	Approved	Registered

Please be sure to bookmark this site:

https://uat3-ncdhhs.cs32.force.com/VaccineProvider

# Step 4 of 6: Verify the Recipient's Vaccine Eligibility Status

On the same page, you can also confirm **RECIPIENT ELIGIBILITY**. If a Recipient's Eligibility status is **APPROVED**, it means the system has determined they are in a Priority group that is currently eligible to **RECEIVE THE COVID-19 VACCINE**. However, if the Recipient's Eligibility status is **NOT APPROVED**, the system will still allow you to create an **APPOINTMENT BOOKING** for that Recipient. Therefore, if your knowledge of the you may move forward and vaccinate the Recipient.

Once you confirm the Recipient is eligible to receive the COVID-19 vaccine, you will be able to continue creating the appointment booking for the Recipient.

- 1. Locate **ELIGIBILITY STATUS** for the Recipient
- 2. Confirm that Eligibility is **APPROVED**

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

Search Results

Select a locationClinic ABC Loc 1Appointment Booking

Name	DOB	Email	Priority	Eligibility	Vaccine Dose Status
<input checked="" type="radio"/> Walkin Example	1955-12-12	walkinexample@mailinator.c...	Phase 1a	Approved	Registered
<input type="radio"/> Walkin Example	1975-08-07	jon.w.example@mailinator.co...	Phase 1a	Approved	Registered

# Step 5 of 6: Create the Appointment Booking

Once you verified the Recipient’s record and Eligibility status, you can officially **CREATE THEIR APPOINTMENT BOOKING**.

- 1. In your **SEARCH RESULTS**, select the **CORRECT RECIPIENT RECORD**
- 2. Click **APPOINTMENT BOOKING**
- 3. A message confirming the appointment booking was created will appear, click **OK**

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

Confirm the Recipient’s Eligibility status before booking the appointment.

Search Results

Select a locationClinic ABC Loc 1Appointment Booking

Name	DOB	Email	Priority	Eligibility	Vaccine Dose Status
<input checked="" type="radio"/> Walkin Example	1955-12-12	walkinexample@mailinator.c...	Phase 1a	Approved	Registered
<input type="radio"/> Walkin Example	1975-08-07	jon.w.example@mailinator.co...	Phase 1a	Approved	Registered

*Note: For users with access to more than one location, use the drop-down menu to select which location the Recipient is getting their Appointment Booking. Users with access to only one location can leave the drop-down menu as-is.*

Search Results


Select a locationCrimson Skies - Location 3Crimson Skies - Location 2Crimson Skies - Location 1Appointment Booking

Name	DOB	Email	Priority	Eligibility	Vaccine Dose Status
<input type="radio"/> Test1212 Recipient99400		somnathqa05+v891@gmail.com	Phase 1b		Dose 1 Canceled
<input type="radio"/> Ttt TeSt	1959-01-06		Phase 4	Not Approved	Dose 1 Scheduled
<input checked="" type="radio"/> Michelle Test1	1990-01-05		Phase 2 Group 3	Not Approved	Dose 1 Scheduled

# Step 6 of 6: Review the Appointment Booking

The appointment that is created will be available to you under **TODAY'S APPOINTMENTS**.

To begin the **VACCINE ADMINISTRATION** process, the Recipient will require an **APPOINTMENT BOOKING**.



CVMS Provider Portal

Home

Recipient

Appointments

Help & Information

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD

Email

Search

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1
Jan 19, 21, 03:01 PM	Walkin Example Dose 1 Scheduled	00111942	Clinic ABC Loc 1

## Audience

Healthcare  
Provider


Healthcare  
Location Manager

+ To know more about the **VACCINE ADMINISTRATION** process, please reference the CVMS Provider Portal Vaccine Administration User Guide.

# Exception 1 – What if the Recipient Record is not yet Created?

# Step 1 of 9: Navigate to the CVMS Provider Portal Home Page

- 1. From the **HOME PAGE**, enter the Recipient's name in the **APPOINTMENT WALK-IN TOOL**
- 2. If the Recipient's record does not appear, this means that the Recipient is either not registered or does not have a record



Home

Recipient

Appointments

Help & Information

Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Jon NewRecipient

Date Of Birth

YYYY-MM-DD

Email

Search Email

Search

No search results found or User's Eligibility is not Approved.

Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1
Jan 19, 21, 03:01 PM	Walkin Example Dose 1 Scheduled	00111942	Clinic ABC Loc 1

Please be sure to bookmark this site: <https://uat3-ncdhhs.cs32.force.com/VaccineProvider>

## Audience

Healthcare  
Provider


Healthcare  
Location Manager



# Step 2 of 9: Search for the Recipient Record

To see if the Recipient has a record, but is not yet registered, search for them in the **RECIPIENT** tab.

- 1. Navigate to the **RECIPIENT** tab
- 2. Enter the Recipient's **NAME** (first name and last name) in the search bar
- 3. To help narrow results, enter the Recipient's **DATE OF BIRTH** in the appropriate field (Note: The **DATE OF BIRTH** field can only be used if there is a name in the search bar, and cannot be used by itself)
- 4. Click **SEARCH**



Home

Recipient

Appointments

Help & Information

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Q Jon NewRecipient

Dec 12, 1944

Search

Recipients within CVMS

First Name

Last Name

Date of Birth

Gender

Eligibility Status

Priority

Recipient Dose St...

Email

Recipients from Long Term Care Facilities

First Name

Last Name

Date of Birth

Gender

Dose Number

No results, please search again.

## Audience

Healthcare  
Provider


Healthcare  
Location Manager

## Tips

Enter at least three characters to receive results.

A Vaccine Administration cannot be documented in CVMS if the recipient is not registered in CVMS.

Registration is complete when a Recipient's answers to the **COVID-19 Vaccination (Health) Questionnaire** are entered into the system. This can occur in the **CVMS RECIPIENT PORTAL** or the **CVMS PROVIDER PORTAL**.




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# Step 3 of 9: Search for the Recipient Record

- 1. After clicking search, the **RECIPIENT SEARCH RESULTS** will populate in either the **RECIPIENTS WITHIN CVMS** section, or the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section
- 2. If there are **NO** results in the **RECIPIENTS WITHIN CVMS** section, or the **CORRECT** Recipient cannot be found, this indicates that the Recipient does not have a record in CVMS, and must be created on-site



[Home](#) [Recipient](#) [Appointments](#) [Help & Information](#)

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Jon NewRecipient

Dec 12, 1944

Search

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Status	Priority	Recipient Dose St...	Email

Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number

No results, please search again.

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

For more information on how to handle Recipient search results that appear in the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section, please see the **WHAT IF THE RECIPIENT RECEIVED THEIR FIRST DOSE THROUGH A PARTNERING PHARMACY** portion of this User Guide.

# Step 4 of 9: Ask the recipient to fill a paper copy of the COVID-19 Vaccination Questionnaire

**Recipient Registration & Health Questionnaire**

**CONTACT AND DEMOGRAPHIC DETAILS**  
Please fill out ALL the information below

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Email: \_\_\_\_\_  
☐ I do not have an email / I do not wish to disclose this information

What is the name of the organization you work or reside in? \_\_\_\_\_

Please select your industry (Please Select Only One):

<b>Frontline Essential Workers</b>	<b>Other Essential Workers (Non-Frontline)</b>	<b>Other Industries</b>
<input type="checkbox"/> Congregate/Community Work	<input type="checkbox"/> Commercial Facilities (Retail, Business, Entertainment, Lodging)	<input type="checkbox"/> College/University
<input type="checkbox"/> Corrections Workers	<input type="checkbox"/> Energy	<input type="checkbox"/> K-12 School
<input type="checkbox"/> Education (Teachers, Support Staff, Child Care)	<input type="checkbox"/> Finance	<input type="checkbox"/> Other
<input type="checkbox"/> First Responders	<input type="checkbox"/> Food Service	
<input type="checkbox"/> Food and Agriculture	<input type="checkbox"/> Governmental services	
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Health Care Provider	
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Hygiene Products and Services	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Industries Involving Chemicals or Hazardous Materials	
<input type="checkbox"/> Public Transit	<input type="checkbox"/> IT & Communication	
<input type="checkbox"/> US Postal Service	<input type="checkbox"/> Legal	
	<input type="checkbox"/> Media	
	<input type="checkbox"/> Public Health	
	<input type="checkbox"/> Public Safety (Engineers)	
	<input type="checkbox"/> Public Works and Infrastructure Support Services	
	<input type="checkbox"/> Shelter and Housing Services	
	<input type="checkbox"/> Transportation and Logistics	
	<input type="checkbox"/> Water and Wastewater	

Street: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Communication Preferences:  
☐ Email ☐ SMS ☐ Both ☐ None

Race:  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Other

Ethnicity:  
☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Gender:  
☐ Male  
☐ Female  
☐ Unknown

Are you a member of a state? ☐ Yes ☐ No  
If yes, what is the name of the state? \_\_\_\_\_

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**Recipient Registration & Health Questionnaire**

Do you identify as any of the following?

- ☐ High Risk (Phase 1a) Healthcare Worker
- ☐ Patient Facing Healthcare Worker\*
- ☐ Frontline Essential Worker\*\*
- ☐ Other Essential Worker (Non-Frontline)
- ☐ Resident of Long-Term Care Facility
- ☐ Resident of Congregate/Group Setting
- ☐ Student
- ☐ None of the above

(\*) Patient Facing direct health care workers includes any paid or unpaid health care workers with direct patient contact.  
(\*\*) The CDC defines Frontline essential workers as first responders (e.g., firefighters and police officers), correction officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.

**MEDICAL DETAILS**

Review the below list of conditions known to increase risk of severe illness to COVID-19:

<ul style="list-style-type: none"><li>Asthma</li><li>Cancer</li><li>Cerebrovascular Disease</li><li>Chronic Obstructive Pulmonary Disease</li><li>Chronic Kidney Disease</li><li>Cystic Fibrosis</li><li>Hypertension or High Blood Pressure</li><li>Type 1 Diabetes Mellitus</li><li>Type 2 Diabetes</li></ul>	<ul style="list-style-type: none"><li>Immunocompromised from solid organ transplant</li><li>Immunocompromised state (weakened immune system)</li><li>Liver Disease</li><li>Hematologic conditions, such as Dementia</li><li>Obesity</li></ul>	<ul style="list-style-type: none"><li>Overweight (BMI &gt; 25 kg/m2, but &lt; 30 kg/m2)</li><li>Pregnancy</li><li>Pulmonary Fibrosis (having damaged or scarred lung tissues)</li><li>Sickle Cell Disease</li><li>Smoker</li><li>Thalassemia (a type of blood disorder)</li></ul>
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How many conditions known to increase risk of severe illness from COVID-19 do you have?

☐ None  
☐ 1  
☐ 2 or more

**CONSENT**

☐ I certify that I am: (a) at least 18 years of age (b) the parent or legal guardian of the minor patient, or (c) the legal guardian of the patient. Further, I hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an "Applicable Provider"), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine. I understand that the health data shared within this questionnaire will be used to determine my eligibility for receiving the COVID-19 vaccination and further determine timing of when the vaccine will be made available to me.

Signature of Recipient: \_\_\_\_\_

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Page 2 of 2

1. Instruct the Recipient to fill out a paper copy of the **COVID-19 Vaccination (Health) Questionnaire** (the PDF is available under the **HELP & INFORMATION TAB** or on the NC Immunization Branch website labeled as CVMS RECIPIENT REGISTRATION: <https://immunize.nc.gov/providers/covid-19training.htm>)
2. Give the Recipient a few minutes to fill the form
3. Click the **CREATE NEW RECIPIENT** button on the **RECIPIENT** tab to bring up a pop-up form

**NCDHHS CVMS Provider Portal**

Home **Recipient** Appointments Help & Information

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Search Jon NewRecipient Dec 12, 1944 Search

Create New Recipient

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

Print several copies of the **COVID-19 Vaccination (Health) Questionnaire** to keep on hand to provide Recipients.

# Step 5 of 9: Create the Recipient Record

Create New Recipient

First Name

Last Name

Email

No Email Provided

☐

Birthdate (MM/DD/YYYY)

Select Employer (If Applicable)

Industry

--None--

Cancel

Create Recipient

Use the Recipient’s **COVID-19 Vaccination (Health) Questionnaire paper form** to fill in required fields

1. If the recipient cannot provide an email address, select the **NO EMAIL PROVIDED** checkbox. Please inform the recipient that in the absence of an email address, it will not be possible for them to connect to the CVMS Recipient portal and view their Proof of Vaccination. You can however access this from the CVMS Provider Portal and print it for them if needed
2. The **BIRTHDATE** is an important field as the Eligibility Tier group is determined in part by the recipient’s age
3. If the **EMPLOYER** is already registered in CVMS, type the name of the employer. Otherwise just select the **INDUSTRY** that the Recipient works in. Eligibility tier groups are also determined in part by that selection
4. Select **CREATE RECIPIENT**

## Audience

Healthcare Provider

Healthcare Location Manager

## Tips

Reference section **Understanding How Recipient Eligibility Status is Determined** for more details on Priority Tier Groups.

If the recipient is **retired** or **unemployed**, do not select an Employer, and select **OTHER** in **INDUSTRY** field.

## Step 6 of 9: Enter the Recipient's Demographic Information

Once the Recipient is created, a new browser tab will open for you to fill out the Recipient's **COVID-19 Vaccination (Health) Questionnaire** using the paper copy the Recipient filled out.

1. Check the box to confirm that the Recipient has completed the certification statement
2. Click **NEXT**
3. Enter demographic information from the paper copy of the **COVID-19 Vaccination (Health) Questionnaire**
4. If anything is unclear on the paper copy, ask the Recipient for clarification before entering the information into CVMS
5. Click **NEXT**

### Audience


Healthcare  
Provider

Healthcare  
Location Manager

The screenshot displays the NCDHHS CVMS Provider Portal interface. At the top, the header includes the NCDHHS logo and the text "CVMS Provider Portal". Below the header is a navigation bar with links for "Home", "Recipient", "Appointments", and "Help & Information". The main content area is titled "Vaccine Registration for: Jon NewRecipient". A progress bar shows four steps: "Introduction" (active), "Contact and Demographic Detail", "Medical Details", and "Confirmation". The "Introduction" step is highlighted with a blue bar. Below the progress bar, the title "COVID-19 Vaccination Questionnaire" is displayed. The text reads: "Thank you for your interest in the COVID-19 vaccine. We must gather personal information to determine what priority tier you align to when the COVID-19 vaccine is available. The questionnaire takes about 5-10 minutes to complete." Below this text is a checkbox labeled "I certify that I am: (a) at least 18 years of age (b) the parent or legal guardian of the minor patient; or (c) the legal guardian of the patient. Further, I hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an 'applicable Provider'), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine. I understand that the health information shared within this questionnaire will be used to determine my eligibility for receiving the COVID-19 vaccination and further determine timing of when the vaccine will be made available to me." The checkbox is checked, and a red box highlights it. At the bottom right, there is a blue "Next" button, also highlighted with a red box.

# Step 7 of 9: Verify the Recipient's Medical Information

- 1. Enter the number of chronic conditions marked by the Recipient on **COVID-19 Vaccination (Health) Questionnaire**
- 2. Select the corresponding button on the medical background page **NONE, 1, or 2 OR MORE**
- 3. Select **NEXT**



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Vaccine Registration for: Jon NewRecipient

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Please provide your medical background

\* How many conditions known to increase risk of severe illness from COVID-19 do you have?

☐ None

☐ 1

☒ 2 or more

\*Review the CDC website to see list of conditions known to increase risk of severe illness to COVID-19 at:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Previous

Next

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

There is no requirement to confirm a chronic condition. However, note that the answer to this question is used in part to determine the recipient's Eligibility Tier Group. Reference section **UNDERSTANDING HOW RECIPIENT ELIGIBILITY STATUS IS DETERMINED** for more details.

# Step 8 of 9: Submit the Recipient's Information

NCDHHS

CVMS Provider Portal

Home

Recipient

Appointments

Help & Information

Vaccine Registration for: Jon NewRecipient

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Confirm and submit to enroll

Please confirm your details below, and click submit at the bottom of the page to complete your enrollment

Background Information

First Name: Jon

Last Name: NewRecipient

Street: 123 Main Street

City: Raleigh

County: Wake

State: North Carolina

Zip Code: 12345

Country: United States

Email:

Home Phone:

Mobile Phone:

Best way to contact you: None

Date of Birth (MM/DD/YYYY): 1944-12-12

Race: White

Ethnicity: Not Hispanic or Latino

Gender: Male

Do you identify as any of the following?: None of the above

Are you a member of a state or federal recognized tribal nation?: No

If yes, what is the name of community?:

How many conditions known to increase risk of severe illness from COVID-19 do you have?: 2 or more

Previous

Submit

Review the information you entered from the paper copy of the **COVID-19 Vaccination (Health) Questionnaire**.

1. Validate that the information entered matches the information given by the Recipient
2. To make changes, select **PREVIOUS**
3. If the information is correct, select **SUBMIT**

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

If you have any questions about what a Recipient wrote, ask them for clarification before submitting.

After submitting the COVID-19 Vaccination (Health) Questionnaire, you will not be able to go back and edit the Recipient's answers.


NC DEPARTMENT OF  
HEALTH AND  
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# Step 9 of 9: Verify the Recipient's Registration

Your registration is complete

We received your COVID-19 vaccine enrollment. Based on your information, you have been assigned to priority tier **Phase 4** and will potentially be eligible to receive the vaccine during a future phase. When available, we will notify you to schedule your appointment with a local provider. For vaccine updates, visit [here](#).

 Person Account  
Jane Doe

Eligibility Status	Priority	Recipient Dose Status
Not Approved	Phase 4	Registered

- 1. The **REGISTRATION IS COMPLETE**
- 2. **ELIGIBILITY** appears on the confirmation screen
- 3. If the Recipient belongs to a Priority Tier Group currently eligible for vaccination, the message will display **YOU ARE ELIGIBLE TO RECEIVE A VACCINE**
- 4. Otherwise, the Recipient's **PRIORITY TIER** will be visible on the confirmation screen as well as the Recipient tab

Vaccine Registration for: Jon NewRecipient

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Your enrollment is complete!

**You are eligible to receive a vaccine.**

Based on the questionnaire you are potentially eligible to receive a vaccine. Please contact your Employer or Health Care Provider to schedule an appointment.

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips


If the Recipient informs you that their health information is **NOT CORRECT**, ask the Recipient to **UPDATE** their information (e.g., responses to COVID-19 Vaccination (Health) Questionnaire) in the **CVMS RECIPIENT PORTAL**.

You will **NOT** be able to **EDIT** the Recipient's profile.



# Finalize Walk-In Appointment Booking

Now that the Recipient has been registered successfully, you can return to the **HOME** page and follow the Standard **APPOINTMENT WALK-IN** Booking process.



Home

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Appointments

Help & Information


### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD



Email

Search


### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1

## Audience

Healthcare  
Provider

Healthcare  
Location Manager




NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES

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## **Exception 2 – What if the Recipient Record is Created, but Recipient did not Complete Registration?**

# Step 1 of 7: Navigate to the CVMS Provider Portal Home Page

The process to register an existing Recipient begins on the **HOME PAGE**. You will verify that the Recipient's name does not appear in the **APPOINTMENT WALK-IN TOOL**. Similar to the previous scenario, this means that the Recipient is either not registered or does not have a record.



Home

Recipient

Appointments

Help & Information

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Jill NotRegistered

Date Of Birth

YYYY-MM-DD

Email

Search Email

Search

No search results found or User's Eligibility is not Approved.

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1

Please be sure to bookmark this site: <https://uat3-ncdhhs.cs32.force.com/VaccineProvider>

## Audience

Healthcare  
Provider

Healthcare  
Location Manager


## Tips

If the Recipient does appear in the **APPOINTMENT WALK--IN TOOL**, refer to the **RECIPIENT APPOINTMENT BOOKING** section of this User Guide.

# Step 2 of 7: Search for the Recipient

To check for the Recipient’s record, search for them in the **RECIPIENT** tab.

- 1. Navigate to the **RECIPIENT** tab
- 2. Enter the Recipient’s **NAME** (first name and last name) in the search bar
- 3. To help narrow results, enter the Recipient’s **DATE OF BIRTH** in the appropriate field (Note: The **DATE OF BIRTH** field can only be used if there is a name in the search bar, and cannot be used by itself)
- 4. Click **SEARCH**



Home

Recipient

Appointments

Help & Information

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Q Jill NotRegistered

Optional Date of Birth

Search

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Stat...	Priority	Recipient Dos...	Email
Jill	NotRegistered	Dec 11, 1945					

Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number
------------	-----------	---------------	--------	-------------

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips


You will not be able to log a Recipient vaccine administration if the Recipient is not registered in CVMS.

Registration is complete when a Recipient’s answers to the COVID-19 Vaccination (Health) Questionnaire are entered into the system.

# Step 3 of 7: Verify the Recipient's Registration

After clicking search, the **RECIPIENT SEARCH RESULTS** will populate in the **RECIPIENTS WITHIN CVMS** section. You will be able to verify that the Recipient has a record but is not yet registered.

- 1. Click on the Recipient's **NAME** to open the Recipient's record
- 2. Verify that the Recipient is not yet registered by confirming their **RECIPIENT DOSE STATUS** is blank
- 3. If the Recipient is not yet registered, select the **REGISTER** button




**NCDHHS**  
CVMS Provider Portal

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Help & Information

 Person Account  
Jill NotRegistered

Register

Eligibility Status

Priority

Recipient Dose Status

DETAILS

RELATED

Account Name

Jill NotRegistered

Birthdate

12/11/1945

Gender

Ethnicity

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

For more information on how to handle Recipient search results that appear in the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section , please see the **WHAT IF A RECIPIENT RECEIVED THEIR FIRST DOSE THROUGH A LONG-TERM CARE FACILITY** portion of this User Guide.

## Step 4 of 7: Enter the Recipient's Demographic Information

Just as when registering a new Recipient, a new browser tab will open for you to fill out the Recipient's **COVID-19 Vaccination (Health) Questionnaire**.

1. Have the Recipient fill out a paper copy of the **COVID-19 Vaccination (Health) Questionnaire** (the PDF is available under the **HELP & INFORMATION TAB** or on the **NC Immunization Branch website** <https://immunize.nc.gov/providers/covid-19training.htm>)
2. Click **NEXT**
3. Enter demographic information from the paper copy of the **COVID-19 Vaccination (Health) Questionnaire**
4. If anything is unclear on the paper copy, ask the Recipient for clarification before entering the information into the questionnaire
5. Click **NEXT**

The screenshot displays the NCDHHS CVMS Provider Portal interface. At the top, the NCDHHS logo and 'CVMS Provider Portal' are visible. Below the navigation bar (Home, Recipient, Appointments, Help & Information), the page title is 'Vaccine Registration for: Jill NotRegistered'. A progress bar shows four steps: Introduction (active), Contact and Demographic Detail, Medical Details, and Confirmation. The 'COVID-19 Vaccination Questionnaire' link is highlighted with a red box. Below this, a message states: 'Thank you for your interest in the COVID-19 vaccine. We must gather personal information to determine what priority tier you align to when the COVID-19 vaccine is available. The questionnaire takes about 5-10 minutes to complete.' A consent checkbox is present, followed by a detailed consent statement. A 'Next' button is highlighted with a red box at the bottom right.

### Audience

Healthcare  
Provider


Healthcare  
Location Manager

### Tips

Print several copies of the **COVID-19 Vaccination (Health) Questionnaire** to keep on hand for other Recipients.

# Step 5 of 7: Enter the Recipient's Medical Information

- 1. Enter the number of chronic conditions marked by the Recipient on **COVID-19 Vaccination (Health) Questionnaire**
- 2. Select the corresponding button on the medical background page **NONE, 1, or 2 OR MORE**
- 3. Select **NEXT**



[Home](#) [Recipient](#) [Appointments](#) [Help & Information](#)

Vaccine Registration for: Jill NotRegistered

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Please provide your medical background

\* How many conditions known to increase risk of severe illness from COVID-19 do you have?

☐ None

☐ 1

☒ 2 or more

\*Review the CDC website to see list of conditions known to increase risk of severe illness to COVID-19 at:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Previous

Next

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

There is no requirement to confirm a chronic condition. However, note that the answer to this question may be used to determine the recipient's Eligibility Tier Group. Reference section **UNDERSTANDING HOW RECIPIENT ELIGIBILITY STATUS IS DETERMINED** for more details.

# Step 6 of 7: Submit the Recipient's Information

HomeRecipientAppointmentsHelp & Information

Vaccine Registration for: Jill NotRegistered

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Confirm and submit to enroll

Please confirm your details below, and click submit at the bottom of the page to complete your enrollment

Background Information

First Name : Jill

Last Name : NotRegistered

Street : 123 Main Street

City : Raleigh

County : Wake

State : North Carolina

Zip Code : 12345

Country : United States

Email :

Home Phone :

Mobile Phone :

Best way to contact you : None

Date of Birth (MM/DD/YYYY) : 1945-12-11

Race : Black or African American

Ethnicity : Not Hispanic or Latino

Gender : Female

Do you identify as any of the following? : High Risk (Phase 1a) Healthcare Worker

Are you a member of a state or federal recognized tribal nation? : No

If yes, what is the name of community? :

How many conditions known to increase risk of severe illness from COVID-19 do you have? : 2 or more

PreviousSubmit

Review the information you entered from the paper copy of the Recipient's **COVID-19 Vaccination (Health) Questionnaire**.

- 1. Review that the information entered matches the information given by the Recipient
- 2. To make changes, select **PREVIOUS**
- 3. If the information is correct, select **SUBMIT**

## Audience

Healthcare Provider

Healthcare Location Manager

## Tips

If you have any questions about what a Recipient wrote, ask them for clarification before submitting.

After submitting the COVID-19 Vaccination (Health) Questionnaire, you will not be able to go back and edit the Recipient's answers.



# Step 7 of 7: Verify the Recipient's Registration

Your registration is complete

We received your COVID-19 vaccine enrollment. Based on your information, you have been assigned to priority tier **Phase 4** and will potentially be eligible to receive the vaccine during a future phase. When available, we will notify you to schedule your appointment with a local provider. For vaccine updates, visit [here](#).

 **Person Account**  
**Jane Doe**

Eligibility Status	Priority	Recipient Dose Status
<b>Not Approved</b>	Phase 4	<b>Registered</b>

- 1. The **REGISTRATION IS COMPLETE**
- 2. **ELIGIBILITY** appears on the confirmation screen
- 3. If the Recipient belongs to a Priority Tier Group currently eligible for vaccination, the message will display **YOU ARE ELIGIBLE TO RECEIVE A VACCINE**
- 4. Otherwise, the Recipient's **PRIORITY TIER** will be visible on the confirmation screen as well as the Recipient tab

Vaccine Registration for: Jill NotRegistered

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Your enrollment is complete!

You are eligible to receive a vaccine.

Based on the questionnaire you are potentially eligible to receive a vaccine. Please contact your Employer or Health Care Provider to schedule an appointment.

## Audience

Healthcare  
Provider


Healthcare  
Location Manager

## Tips

If you determine that the recipient is eligible, then you can proceed with administering and documenting in CVMS the vaccination of the recipient regardless of their **ELIGIBILITY** status in CVMS.

# Finalize Walk-In Appointment Booking

Now that the recipient has been registered successfully, you can return to the **HOME** page and follow the standard **APPOINTMENT WALK-IN** Booking process.



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Help & Information


### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD



Email

Search

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1

## Audience

Healthcare  
Provider

Healthcare  
Location Manager


**What if the Recipient received their first dose through a partnering pharmacy with Long-Term Care facilities ?**

# Step 1 of 5: Navigate to the Recipient Tab

The federal government has an agreement with pharmacy partners (CVS & Walgreens) to vaccinate Long Term Care facilities and Nursing homes residents or staffers. Those pharmacy partners do not use CVMS, but instead upload their vaccination records directly to the CDC.

Even if a Recipient received their first dose through a pharmacy partner, they could receive their second dose from a healthcare provider enrolled in CVMS like you. To vaccinate them, you will have to locate and verify the first dose record before administering a second dose within CVMS.

- 1. Begin by navigating to the **RECIPIENT** tab from the CVMS Provider Portal Home Page.



**NCDHHS**  
CVMS Provider Portal

Home

**Recipient**

Appointments

Help & Information

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Full name, ex: John Smith

Optional Date of Birth

Search

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Status	Priority	Recipient Dose...	Email
------------	-----------	---------------	--------	--------------------	----------	-------------------	-------

Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number
------------	-----------	---------------	--------	-------------

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

# Step 2 of 5: Search for the Recipient

To check for the Recipient’s record, search for them in the **RECIPIENT** tab.

- 1. Enter the Recipient’s **NAME** (first name and last name) in the search bar
- 2. To help narrow results, enter the Recipient’s **DATE OF BIRTH** in the appropriate field (Note: The **DATE OF BIRTH** field can only be used if there is a name in the search bar, and cannot be used by itself)
- 3. Click **SEARCH**

Home

Recipient

Appointments

Help & Information

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

TestDemo

Optional Date of Birth

Search

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Status	Priority	Recipient Dose...	Email
Nicholas	TestDemo	Feb 24, 1989	Male	Not Approved	Phase 2 Group 3	Registered	

Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number
Nicholas	TestDemo	Feb 24, 1989	Male	1

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

It’s possible that the Recipient has a result in both the **RECIPIENTS WITHIN CVMS** and the **RECIPIENTS FROM LONG TERM CARE FACILITIES** sections. The first record in the CVMS section means they were uploaded by an eligible organization.

The record in the second section means they received their first dose through a Pharmacy Partner.

# Step 3 of 5: Search for the Recipient

- 1. Locate the **CORRECT** Recipient in the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section of the search results
- 2. The Recipient may also appear as a search result in the **RECIPIENTS WITHIN CVMS** section. In that instance, note the **RECIPIENT DOSE STATUS** to see if CVMS has a record of the Recipient’s first dose
- 3. Click on the Recipient’s name in the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

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[Create New Recipient](#)

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Status	Priority	Recipient Dose...	Email
Nicholas	TestDemo	Feb 24, 1989	Male	Not Approved	Phase 2 Group 3	Registered	

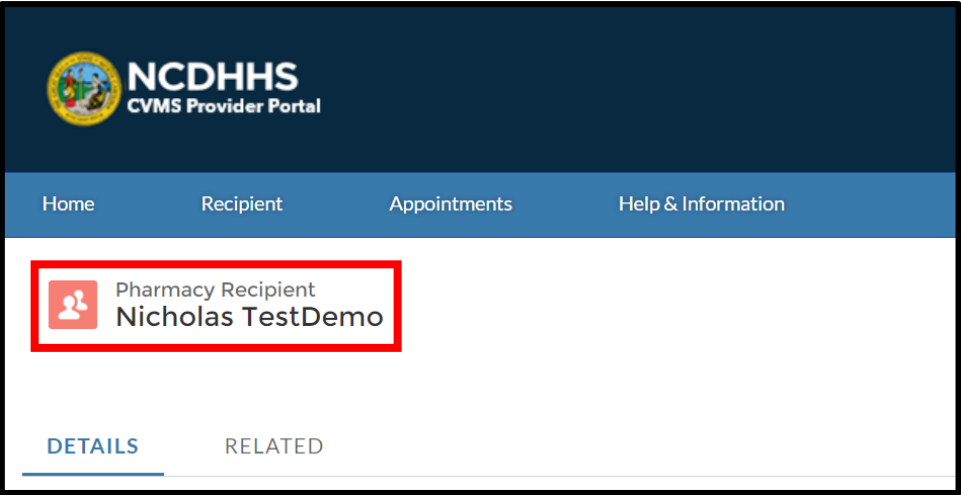
Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number
Nicholas	TestDemo	Feb 24, 1989	Male	1

# Step 4 of 5: View the Recipient's Pharmacy Record

Clicking the Recipient's name in the **RECIPIENTS FROM LONG TERM CARE FACILITIES** section will open the Recipient's **PHARMACY RECIPIENT** record. This record has no connection to a CVMS Recipient Record and is used only as reference data.

- 1. Scroll down in the **PHARMACY RECIPIENT** record to determine if and when the Recipient received their first dose
- 2. If the Recipient is eligible for their second dose, use the information in the **PHARMACY RECIPIENT** record to inform which COVID-19 vaccine product the Recipient should receive



Administration Details	
Vaccination Event ID	Dose Number
1.11000012362203E+16	1
VTckS provider PIN	Vaccine Manufacturer Name
079900	MOD
Administered at Location:type	CVX
Medical practice : family medicine	207
Administered at Location:name	NDC
79900	80777-0273-99
Administration address: street	Vaccine Lot Number
UNK	4LH35
Administration address: street 2	Vaccine Expiration Date
11 W Jones St	12/6/2021
Administration address: city	Vaccine Site of Administration
Raleigh	Right Thigh
Administration address: county	Vaccine Route of Administration
Wayne	Subcutaneous (SQ)
Administration address: zip code	Vaccination refusal
27601	
Administration address: state	
North Carolina	
Vaccination Administration Date	
1/12/2021	

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

The **PHARMACY RECIPIENT** record will indicate which pharmacy administered the vaccine, as well as the Vaccine Manufacturer Name, date of vaccination, and other relevant information.

# Step 5 of 5: Other Considerations

- 1. If the Recipient has no record in CVMS, refer to the **EXCEPTION 1** portion of this User Guide to create their CVMS Recipient record and register them on-site. Then follow the standard **APPOINTMENT WALK-IN** Booking process
- 2. If the Recipient has a record in CVMS, but is not registered, refer to the **EXCEPTION 2** portion of this User Guide to conduct on-site registration. Then follow the standard **APPOINTMENT WALK-IN** Booking process

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

Keep a tab open with the **PHARMACY RECIPIENT** record when administering the second dose of the COVID-19 vaccine, since it will not appear in the **FIRST DOSE DETAILS** section of the Vaccine Administration details.

[Home](#) [Recipient](#) [Appointments](#) [Help & Information](#)

Create New Recipient

Hint: For quicker and more relevant search results, enter full name (ex: John Smith) and date of birth.

TestDemo

Optional Date of Birth

Search

Recipients within CVMS

First Name	Last Name	Date of Birth	Gender	Eligibility Status	Priority	Recipient Dose...	Email
Nicholas	TestDemo	Feb 24, 1989	Male			1	

Recipients from Long Term Care Facilities

First Name	Last Name	Date of Birth	Gender	Dose Number
Nicholas	TestDemo	Feb 24, 1989	Male	1




# Cancelling an Existing Appointment

# Step 1 of 5: Search for the Recipient

The process to cancel an existing appointment for a Recipient begins on the **APPOINTMENTS** tab.

- 1. Navigate to the **APPOINTMENTS** tab



Home

Recipient

Appointments

Help & Information

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD

Email

Search

Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1
Jan 19, 21, 03:01 PM	Walkin Example Dose 2 Scheduled	00111942	Clinic ABC Loc 1

Please be sure to bookmark this site: <https://uat3-ncdhhs.cs32.force.com/VaccineProvider>

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

Cancellation is only required if a Recipient refuses a Vaccine after being booked for an appointment, or if you booked an appointment by mistake.

If a Recipient needs to change their appointment date, the Provider only needs to re-book the appointment through the Appointment Walk-In tool, and the appointment date will update.


# Step 2 of 5: Search for the Recipient

- 1. You can use the **SEARCH APPOINTMENTS** field to search for the Recipient by **NAME**
- 2. Set the **FROM** and **TO** fields to include the date of the appointment that needs to be cancelled (the field will default to the current date)
- 3. Click **SEARCH**

## Audience


Healthcare  
Provider

Healthcare  
Location Manager

**NCDHHS**  
CVMS Provider Portal

[Home](#)[Recipient](#)[Appointments](#)[Help & Information](#)

Below list shows all Scheduled and Canceled appointments for your location. To cancel an appointment please search in below list, select the appointment, and click the "Cancel Appointment" button

 **Appointments**  
All Appointments  
2 items

Cancel Appointment

Search Appointments

Search by Name, Location, Vaccine Status

From

2021-01-13

To

Status

--- None ---

Search

Reset

<input type="checkbox"/> Date	<input type="checkbox"/> Time	<input type="checkbox"/> Recipient Name	<input type="checkbox"/> DOB	<input type="checkbox"/> Location	<input type="checkbox"/> Vaccine Status	<input type="checkbox"/> Status
<input type="checkbox"/> Jan 13, 2021	3:58:33 PM	<a href="#">Som29 Mon29</a>	1991-01-04	Clinic ABC Loc 1	Dose 1 Scheduled	New
<input type="checkbox"/> Jan 13, 2021	3:59:21 PM	<a href="#">Walkin Example</a>	1955-12-12	Clinic ABC Loc 1	Dose 1 Scheduled	New

# Step 3 of 5: Confirm the Appointment to Cancel

After clicking search, the existing **APPOINTMENTS** will populate underneath the Appointments List View.

- 1. Locate the correct **RECIPIENT** who needs an appointment cancelled
- 2. Verify the Recipient's identity
- 3. Select the checkbox to the left of the Recipient's name
- 4. Select the **CANCEL APPOINTMENT** button

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

[Home](#) [Recipient](#) [Appointments](#) [Help & Information](#)

Below list shows all Scheduled and Canceled appointments for your location. To cancel an appointment please search in below list, select the appointment, and click the "Cancel Appointment" button

Appointments

All Appointments

2 items

Cancel Appointment

Search Appointments

Search by Name, Location, Vaccine Status

From 2021-01-13

To

Status --- None ---

Search

Reset

<input type="checkbox"/>	Date	Time	Recipient Name	DOB	Location	Vaccine Status	Status
<input type="checkbox"/>	Jan 13, 2021	3:58:33 PM	Som29 Mon29	1991-01-04	Clinic ABC Loc 1	Dose 1 Scheduled	New
<input checked="" type="checkbox"/>	Jan 13, 2021	3:59:21 PM	Walkin Example	1955-12-12	Clinic ABC Loc 1	Dose 1 Scheduled	New

# Step 4 of 5: Cancel the Appointment

Selecting the **CANCEL APPOINTMENT** button will initiate a pop-up window to appear on the screen.

- 1. Input a **CANCELLATION REASON**
- 2. Select the **CANCEL APPOINTMENT** button

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

HomeRecipient

Below list shows all Scheduled Appointments

Appointments  
All Appointments  
2 items

DATE	TIME	RECIPIENT NAME	DOB	PROVIDER LOCATION	CANCELLATION REASON
Jan 13, 2021	03:59 PM	Walkin Example	1955-12-12	Clinic ABC Loc 1	RECIPIENT CANCELLED

Close Window

Cancel Appointment

Cancel Appointment

Status  
--- None ---

SearchReset

☐

Date

☐

Jan 13, 2021

☐

3:58:33 PM

☐

Som29 Mon29

☐

1991-01-04

☐

Clinic ABC Loc 1

☐

Dose 1 Scheduled

☐

New

☒

Jan 13, 2021

☒

3:59:21 PM

☒

Walkin Example

☒

1955-12-12

☒

Clinic ABC Loc 1

☒

Dose 1 Scheduled

☒

New


# Step 5 of 5: Confirm the Appointment is Cancelled

The Recipient should no longer have their appointment booked. If the Recipient’s appointment was for today, the Recipient should no longer appear on the **TODAY’S APPOINTMENTS** tool.

## Audience

Healthcare  
Provider

Healthcare  
Location Manager



**NCDHHS**  
CVMS Provider Portal

Home

Recipient

Appointments

Help & Information

### Appointment Walk-In

You can search for eligible individuals by name, date of birth and email. Note that the system will search on exact matches only, no partial.

Name

Date Of Birth

YYYY-MM-DD

Email

Search

### Today's Appointments

TIME	DETAILS	CASE NUMBER	LOCATION
Jan 19, 21, 10:59 AM	Test-1.4 Scenario145 Dose 1 Scheduled	00112065	Clinic ABC Loc 1

Please be sure to bookmark this site: <https://uat3-ncdhhs.cs32.force.com/VaccineProvider>

# View Appointment / Cancellation History

To view a record of a Recipient’s appointment history, navigate to the Recipient tab, locate the Recipient’s record, and select **RELATED** tab. The Recipient’s appointment records will appear. Selecting an appointment record will bring up the details of that appointment, including a **CANCELLATION REASON** if applicable.

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

Home

Recipient

Appointments

Help & Information

Person Account

Walkin Example

Eligibility Status

Approved

Priority

Phase 1a

Recipient Dose Status

Dose 1 Canceled

DETAILS

RELATED

Appointments (2)

Appointment	Date and Time of Vaccin...	Vaccine Status	Vaccine
00111719		Dose 1 Canceled	
00111716		Registered	

Home

Recipient

Appointments

Help & Information

DETAILS

RELATED

Account Name

Clinic ABC Loc 1

Contact Name

Walkin Example

Appointment DateTime

1/13/2021, 3:59 PM

Cancellation Reason

RECIPIENT CANCELLED

Vaccine Status

Dose 1 Canceled

Vaccine

Vaccine Inventory

Injection Site

# Understanding How Recipient Eligibility Status is Determined



# How the Priority Tier Group is Determined

Vaccine Registration for: Jane Doe

Introduction → Contact and Demographic Detail → Medical Details → Confirmation

**Confirm and submit to enroll**

Please confirm your details below, and click submit at the bottom of the page to complete your enrollment

**Background Information**

First Name : Jane  
Last Name : Doe  
Street : 1 main street  
City : Raleigh  
County : Avery  
State : North Carolina  
Zip Code : 27699  
Country : United States  
Email : jane.doe@email.com  
Home Phone :  
Mobile Phone : 9192223333  
Best way to contact you : Email  
**Date of Birth : 1931-12-29**  
Race : Asian  
Ethnicity : Hispanic or Latino  
Gender : Female  
**Do you identify as any of the following?: Other Essential Worker (non-frontline)**  
Are you a member of a state or federal recognized tribal nation?: No  
If yes, what is the name of community?:  
**How many conditions known to increase risk of severe illness from COVID-19 do you have?: 1**

Previous Submit

Since there initially is a very limited supply of COVID-19 vaccines, **North Carolina has implemented a risk-based prioritization approach** based on guidance from the National Academy of Medicine, the CDC's Advisory Committee Immunization Practice, and the NC Institute of Medicine.

The NC population is divided into multiple Priority Tier groups based on an individual's **OCCUPATION, AGE, and RISK LEVEL.**

When answering the COVID-19 Vaccination (Health) Questionnaire, the Recipient will provide multiple inputs that will determine their Priority Tier group:

- **OCCUPATION** will be determined by the **EMPLOYER** or the **INDUSTRY** that the recipient identifies as their primary business, and by the answer to the question **DO YOU IDENTIFY AS ANY OF THE FOLLOWING** (e.g., Student, Frontline Essential Worker, Resident of Long-term Care Facility).
- Age will be determined by the **DATE OF BIRTH**
- Risk Level will be determined by the **NUMBER OF MEDICAL HEALTH CONDITIONS**

Note that the other answers are important as well to study the demographics of the recipients and inform future potential adjustments to accelerate the vaccination of populations identified as more vulnerable.

**Note: Eligibility requirements may be adjusted in the future by the NC Immunization Branch.**

Visit <https://covid19.ncdhhs.gov/findyourspot> for the latest information.

# Appendix

# When the Recipient is NOT Eligible for the COVID-19 Vaccine

Home

Recipient

Appointments

Help & Information

Person Account  
Test123 Six

Eligibility Status

Priority

Recipient Dose Status

Not Approved

Phase 2 Group 1

Registered

DETAILS

RELATED

Account Name

Test123 Six

Gender

Female

Race

Asian

Medical Health Conditions

2 or more

Employer

Clinic ABC Loc 1

Risk Level

High

Priority

Phase 2 Group 1

Eligibility Status

Not Approved

Birthdate

1/16/1946

Ethnicity

Hispanic or Latino

Tribal Community

No

Recipient Dose Status

Registered

Industry

Do you identify as any of the following?

Frontline Essential Worker

Recipient Type

Employee

Recipient Classification

Other Essential Worker (non-frontline)

When you verify **RECIPIENT ELIGIBILITY**, and the Recipient is **NOT APPROVED**, you are still able to **CREATE THE APPOINTMENT BOOKING** and **ADMINISTER THE COVID-19 VACCINE** if you assess the Recipient’s situation and determine they do meet current Eligibility criteria.

1. From the home page, go to the **RECIPIENT TAB**
2. Search for the Recipient in the **ALL RECIPIENTS LIST VIEW**
3. Click the **RECIPIENT NAME**
4. Click on **DETAILS** to review the Recipient’s responses to the **COVID-19 VACCINATION (HEALTH) QUESTIONNAIRE**

## Audience

Healthcare  
Provider

Healthcare  
Location Manager

## Tips

If the Recipient informs you that their health information is **NOT CORRECT**, ask the Recipient to **UPDATE** their information (e.g., responses to COVID-19 Vaccination (Health) Questionnaire) in the **CVMS RECIPIENT PORTAL**.






You will **NOT** be able to **EDIT** the Recipient’s profile.

If the recipient is unable to edit their registration information, please contact the CVMS Help Desk for assistance.

# Additional Notes

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## Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- **\* Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

## Contact Information:

- All questions should be directed to [https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine).

## Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium browsers to access CVMS.
- For more information on supported browsers, see [https://help.salesforce.com/articleView?id=getstart\\_browsers\\_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
- Note: Internet Explorer and Edge (Non-Chromium) are not supported.

# User Guide Change Log

## Key Items:

- **Date of Change:** Date that any updates were made to the User Guide
- **Changes Made:** Summary of the updates made within the User Guide
- **Impacted Slides:** Specific slides that were updated or changed
- **Author:** The user that made the updates to the User Guide

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/1/2020	<ul style="list-style-type: none"><li>• Initial document</li></ul>		Azalea Troche
2	12/18/2020	<ul style="list-style-type: none"><li>• Added Create Recipient, Register Recipient sections, updated Process Flow, added Generic Employer List, eligibility criteria</li></ul>	<ul style="list-style-type: none"><li>• 7, 13-14, 15-37, 40</li></ul>	Steve DiGangi
3	1/15/2021	<ul style="list-style-type: none"><li>• Updated instructions for Creating Recipient</li><li>• Updated Screenshots</li><li>• Updated instructions for Appointment Booking (select a location)</li><li>• Updated Understanding How Recipient Eligibility Status is Determined Section</li><li>• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information</li><li>• Added “What to do if a Recipient received their first dose through a LTC/Pharmacy” section</li><li>• Added Cancelling an Existing Appointment Section</li></ul>	<ul style="list-style-type: none"><li>• 1, 2, 13, 19, 23, 32, 35-40, 41-47</li></ul>	Steve DiGangi Courtney Seward